

10F3

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. 09/937 991	FILING DATE	
APPLICANT(S)									
9/28/01 3/25/02 12/29/06 CLAIMS									
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT				
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.
1	1		1		1		51		
2		1		1		1	52		
3		2		2		2	53		
4		1		1		1	54		
5		1		1		1	55		
6		1		1		1	56		
7			1		1		57		
8				1		1	58		
9				1		1	59		
10				1		1	60		
11						1	61		
12						1	62		
13							63		
14							64		
15							65		
16							66		
17							67		
18							68		
19							69		
20							70		
21							71		
22							72		
23							73		
24							74		
25							75		
26							76		
27							77		
28							78		
29							79		
30							80		
31							81		
32							82		
33							83		
34							84		
35							85		
36							86		
37							87		
38							88		
39							89		
40							90		
41							91		
42							92		
43							93		
44							94		
45							95		
46							96		
47							97		
48							98		
49							99		
50							100		
TOTAL IND.	1		2		2		TOTAL IND.		
TOTAL DEP.	3		3		10		TOTAL DEP.		
TOTAL CLAIMS	4		10		12		TOTAL CLAIMS		

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MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO. 09/937 991		FILING DATE	
						APPLICANT(S)			
12/20/09 8/11/05 CLAIMS									
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT				
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.
1	1		1		1		51		
2		1		1		1	52		
3		2		2		2	53		
4		1		1		1	54		
5		1		1		1	55		
6		1		1		1	56		
7			1		1		57		
8				1		1	58		
9				1		1	59		
10				1		1	60		
11				1		1	61		
12				1		1	62		
13				1		1	63		
14				1		1	64		
15				1		1	65		
16				1		1	66		
17						1	67		
18						1	68		
19						1	69		
20						1	70		
21						1	71		
22						1	72		
23							73		
24							74		
25							75		
26							76		
27							77		
28							78		
29							79		
30							80		
31							81		
32							82		
33							83		
34							84		
35							85		
36							86		
37							87		
38							88		
39							89		
40							90		
41							91		
42							92		
43							93		
44							94		
45							95		
46							96		
47							97		
48							98		
49							99		
50							100		
TOTAL IND.	1		2		3		TOTAL IND.		
TOTAL DEP.	3		14		13		TOTAL DEP.		
TOTAL CLAIMS	4		16		16		TOTAL CLAIMS		

PTO-1350 (2-78)

*MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

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MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-876)							SERIAL NO. 09/937 991		FILING DATE				
							APPLICANT(S)						
8/30/05							CLAIMS						
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			IND.	DEP.	IND.	DEP.	IND.	DEP.
	IND.	DEP.	IND.	DEP.	IND.	DEP.							
1	1		1				E1						
2		1					E2						
3		2		1			E3						
4		1					E4						
5		1					E5						
6		1					E6						
7							E7						
8							E8						
9							E9						
10							E10						
11							E11						
12							E12						
13							E13						
14							E14						
15							E15						
16							E16						
17							E17						
18							E18						
19							E19						
20							E20						
21							E21						
22							E22						
23							E23						
24							E24						
25							E25						
26							E26						
27							E27						
28							E28						
29							E29						
30							E30						
31							E31						
32							E32						
33							E33						
34							E34						
35							E35						
36							E36						
37							E37						
38							E38						
39							E39						
40							E40						
41							E41						
42							E42						
43							E43						
44							E44						
45							E45						
46							E46						
47							E47						
48							E48						
49							E49						
50							E50						
TOTAL IND.	1		1				TOTAL IND.						
TOTAL DEP.	3		8				TOTAL DEP.						
TOTAL CLAIMS	4		9				TOTAL CLAIMS						

PTO-1289 (2-78)

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